



PACIFIC PULSE

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Pacific Pulse

Pacific Pulse
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Pacific Pulse is a professional publication of U.S. Naval Hospital Guam. Its purpose is to educate readers on hospital missions and programs. This publication will also draw upon the medical departments rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

The opinions and assertions herein are the personal views of the authors and do not necessarily reflect the official views of the U.S. Government, Department of Defense, or the Department of the Navy.

Guidelines for Submissions:

This publication is electronically published monthly. Please contact Jennifer Zingalie at jennifer.zingalie@med.navy.mil for deadline of present issue.

Submission requirements:

Articles should be between 300 to 1000 words and present the active voice.

Photos should be a minimum of 300 dpi (action shots preferred)
NO BADGES

Subjects considered:

Feature articles (shipmates and civilians)
Quality of Care
R&D/Innovations
Missions/Significant Events
Community Outreach

On the cover:

Navy Medicine has had a presence on Guam since 1899 with the landing of the ship *Yosemite*. The medical doctor aboard the ship spent several months treating the civilian and military dependents on Guam. In 1902 the Maria Schroeder hospital was built to treat dependents and civilians but was later destroyed by an earthquake. Over the next 48 years temporary facilities made up the hospital. In 1947 the Pacific Island engineers were commissioned to build the 1954 hospital (known as Building 1) that has cared for military and their dependents as well as some civilians until the completion of the new hospital April 2014. (**pictured on the front**) A Navy Corpsman lifts the head of a wounded Marine to give him a sip of water from his canteen as other soldiers relax during a pause in fighting on Guam Island, in the Marianas, in August 1944 during World War II. (Navy via AP). Seen in the smaller photos are Navy medicine training to local Chamorros, both nursing and medical, and Navy medicine in action.

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On the Web:

Thank you for taking the time to rate and provide us with your comments and suggestions.

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<http://www.med.navy.mil/sites/usnhguam/Pages/default.aspx>



https://www.facebook.com/USNHGUAM?ref=tn_tnmn



Commanding Officer **Capt. Jeff Plummer**

Readiness Value * Jointness*

Shipmates,

Our history of Support through Medicine came center stage last month as we bid farewell to the third location for our historic command.

This edition of the newsletter highlights many final moments: final inspections, final exercises, final photographs, final celebrations and final colors. Each of these events was important on its own. Taken together, they helped communicate the value of this institution to the countless giants that went before us.

I could not do these stories justice by elaborating any further. I ask you to read each article for yourself and form your own impression of their importance. Reflect on each photograph . . . what does it say? You'll find some very poignant, some nostalgic . . . you might

even find a bit of humor. Woven throughout this newsletter are stories that shine a light on the value of this command to the community, to the navy and to our nation.

Each of us has been part of a once-in-a-career opportunity in planning, training, preparing, and executing a safe transfer of operations into a new healthcare facility. What I hope is not lost on each of us, is the impressive lineage of service that occurred in "ole building 1." Shipmates, in my view that work was truly "Service with Honor." Moreover, by your hard work, teamwork, and leadership these past months and over the months to come, you have genuinely honored our history by establishing it as a legacy.

With all my respect,

CO

Mission

We deliver readiness, quality care and health where America's Day Begins

Vision

Lead Navy Medicine in Quality Patient Centered Care

A Legacy

Fleet Admiral Chester William Nimitz

Information courtesy of Naval History and Heritage Command

Chester William Nimitz was born on 24 February 1885, near a quaint hotel in Fredericksburg, Texas built by his grandfather, Charles Nimitz, a retired sea captain. Young Chester, however, had his sights set on an Army career and while a student at Tivy High School, Kerrville, Texas, he tried for an appointment to West Point. When none was available, he took a competitive examination for Annapolis and was selected and appointed from the Twelfth Congressional District of Texas in 1901.

He left high school to enter the Naval Academy Class of 1905. It was many years later, after he had become a Fleet Admiral that he actually was awarded his high school diploma. At the Academy Nimitz was an excellent student, especially in mathematics and graduated with distinction -- seventh in a class of 114. He was an athlete and stroked the crew in his first class year. The Naval Academy's yearbook, "Lucky Bag", described him as a man "of cheerful yesterdays and confident tomorrows."

After graduation he joined USS Ohio in San Francisco and cruised in her to the Far East. On 31 January 1907, after the two years' sea duty then required by law, he was commissioned Ensign, and took command of the gunboat USS Panay. He then commanded USS Decatur and was court martialed for grounding her, an obstacle in his career which he overcame.

He returned to the U. S. in 1907 and was ordered to duty under instruction in submarines, the branch of the service in which he spent a large part of his sea duty. His first submarine was USS Plunger (A- 1). He successively commanded USS Snapper, USS Narwal and USS Skipjack until 1912. On 20 March of that year, Nimitz, then

a Lieutenant, and commanding officer of the submarine E-1 (formerly Skipjack), was awarded the Silver Lifesaving Medal by the Treasury Department for his heroic action in saving W.J. Walsh, Fireman second class, USN, from drowning. A strong tide was running and Walsh, who could not swim, was rapidly being swept away from his ship. Lieutenant Nimitz dove in the water and kept Walsh afloat until both were picked up by a small boat.

He had one year in command of the Atlantic Submarine Flotilla before coming ashore in 1913 for duty in connection with building the diesel engines for the tanker USS Maumee at Groton, Conn. In that same year, he was sent to Germany and Belgium to study engines at their Diesel Plants. With that experience he subsequently served as Executive Officer and Engineering Officer of the Maumee until 1917 when he was assigned as Aide and Chief of Staff to COMSUB-LANT. He served in that billet during World War I.

In September 1918 he came ashore to duty in the office of the Chief of Naval Operations and was a member of the Board of Submarine Design. His first sea duty in big ships came in 1919 when he had one year's duty as Executive Officer of the battleship USS South Carolina. In 1920 he went to Pearl Harbor to build the submarine base there. Next assigned to the Naval War College, his studies of a possible Pacific Ocean war's logistics would become extremely relevant two decades later.

In 1922 he was assigned as a student at the Naval War College, and upon graduation went as Chief of Staff to Commander Battle Forces and later Commander in Chief, U.S. Fleet (Admiral S. S. Robinson) .

Continued on next page

*Nimitz continued
from page 4*

In 1923, Commander Nimitz became aide to Commander Battle Force and later to Commander in Chief, U.S. Fleet. Later in the decade, he established the NROTC unit at the University of California at Berkeley. In 1929, now holding the rank of Captain, he began two years as Commander, Submarine Division 20, followed by two more years in charge of reserve destroyers at San Diego, California. He then took the heavy cruiser Augusta (CA-31) to the Orient, where, under his command, she was flagship of the Asiatic Fleet in 1933-35. Three years' duty at the Bureau of Navigation in Washington, D.C., ended in 1938 with his promotion to Rear Admiral.

His next sea command was in flag rank as Commander Cruiser Division Two and then as Commander Battle Division One until 1939, when he was appointed as Chief of the Bureau of Navigation for four years. In December 1941, however, he was designated as Commander in Chief, Pacific Fleet and Pacific Ocean Areas, where he served throughout the war. On 19 December 1944, he was advanced to the newly created rank of Fleet Admiral, and on 2 September 1945, was the United States signatory to the surrender terms aboard the battleship USS Missouri in Tokyo Bay.

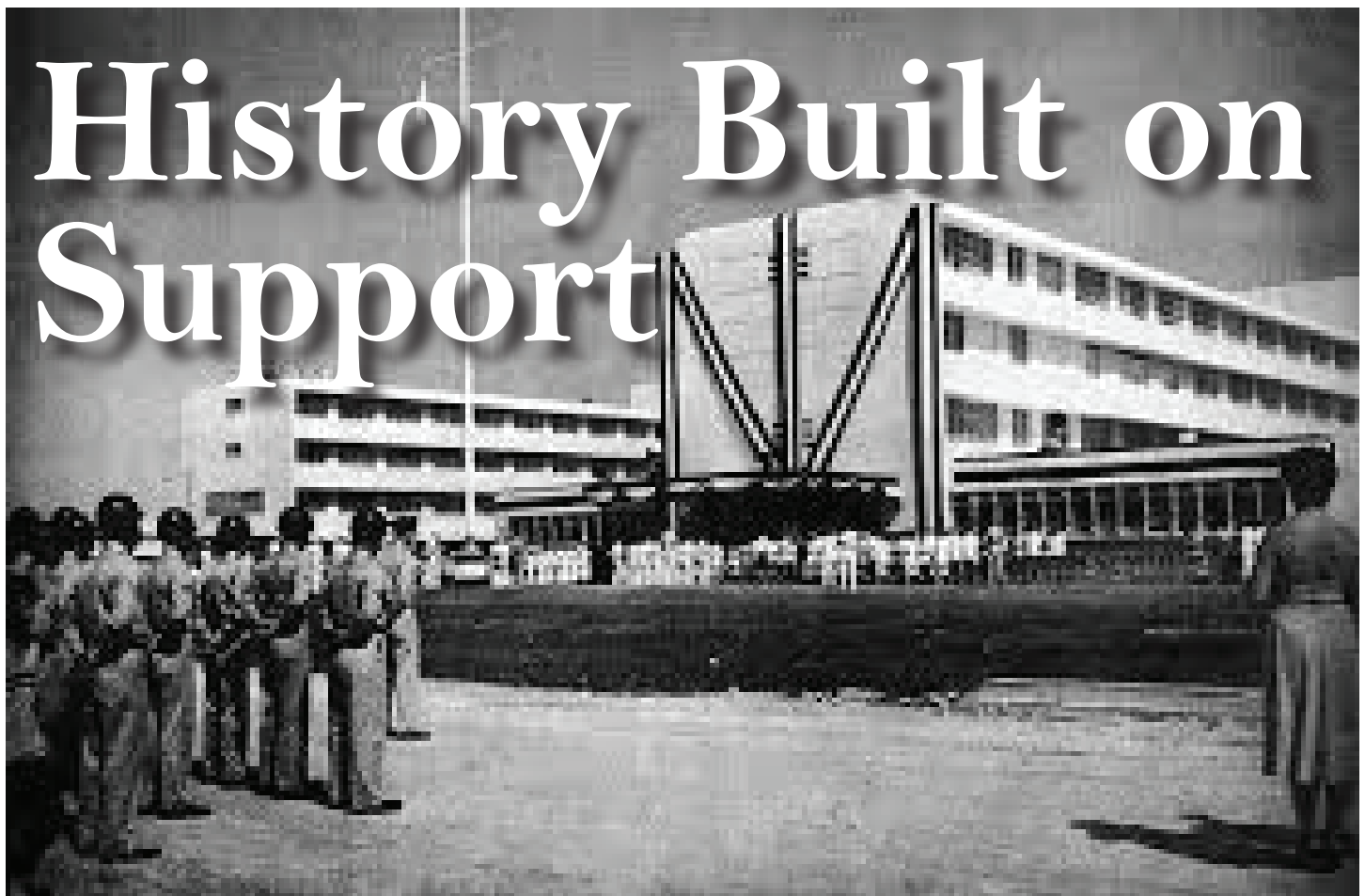
He hauled down his flag at Pearl Harbor on 26 Nov. 1945, and on 15 December relieved Fleet



Admiral E.J. King as Chief of Naval Operations for a term of two years. On 01 January 1948, he reported as special Assistant to the Secretary of the Navy in the Western Sea Frontier. In March of 1949, he was nominated as Plebiscite Administrator for Kashmir under the United Nations. When that did not materialize he asked to be relieved and accepted an assignment as a roving goodwill ambassador of the United Nations, to explain to the public the major issues confronting the U.N. In 1951, President Truman appointed him as Chairman of the nine-man commission on International Security and Industrial Rights. This commission never got underway because Congress never passed appropriate legislation.

Thereafter, he took an active interest in San Francisco community affairs, in addition to his continued active participation in affairs of concern to the Navy and the country. He was an honorary vice president and later honorary president of the Naval Historical Foundation. He served for eight years as a regent of the University of California and did much to restore goodwill with Japan by raising funds to restore the battleship Mikasa, Admiral Togo's flagship at Tsushima in 1905.

He died on 20 February 1966.



In 1951 the plans for construction of the current hospital were approved and construction was underway by 1952 and completed late 1954. The current hospital was designed through a joint venture of Frederick R. Harris, Inc. (New York City), Blanchard & Maher, and Keller & Gannon (both of San Francisco), known as Pacific Island Engineers. In fact these engineers worked on all Navy facilities and installations planned for construction on Guam at the end of World War II. The final cost, at the time was estimated at \$10.7 million with design costs of about \$11 million.

Since its construction, U.S. Naval Hospital (USNH) Guam, also known as Facility 1, has played a significant role

US Navy Seabees building quonset huts. Guam, June 1945. Photo by J.R. Eyerman, from the LIFE Archives



Continued on next page

U.S. Naval Hospital Guam after Typhoon Karen, 1962.



in history.

The hospital played a major support role to other medical facilities during the cold war and also served a logistical (medical support) role, and recieved many injured personnel during the Vietnam War (1965).

According to reports the average daily census during that time increased from approximately 100 to more than 300, and in 1968 to 1969 often exceeded 700. Temporary facilities had to be built during this time, known as Quonset huts. 65 of these buildings were constructed and located at the site of the current War in the Pacific National Historical Park, known as Asan Annex, with the capacity to care for 1,200 patients. These buildings were later removed.

At the draw down of the Vietnam War the hospital also cared for approximately 100,000 refugees from South

Vietnam under Operation New Life (1975). The refugees were housed at the hospital's Asan Annex and treated by hospital staff, as well as Army personnel.

USNH Guam also recieved recognition from its design and engineering as it withstood the powerful Typhoon Karen of 1962. Typhoon Karen was described by the U.S. Fleet Weather Central/Joint Typhoon Warning Center as being equal to a "near-miss by a nuclear bomb," but without the heat and fall-out contamination. 350 emergency cases were seen by doctors at the hospital and one thou-

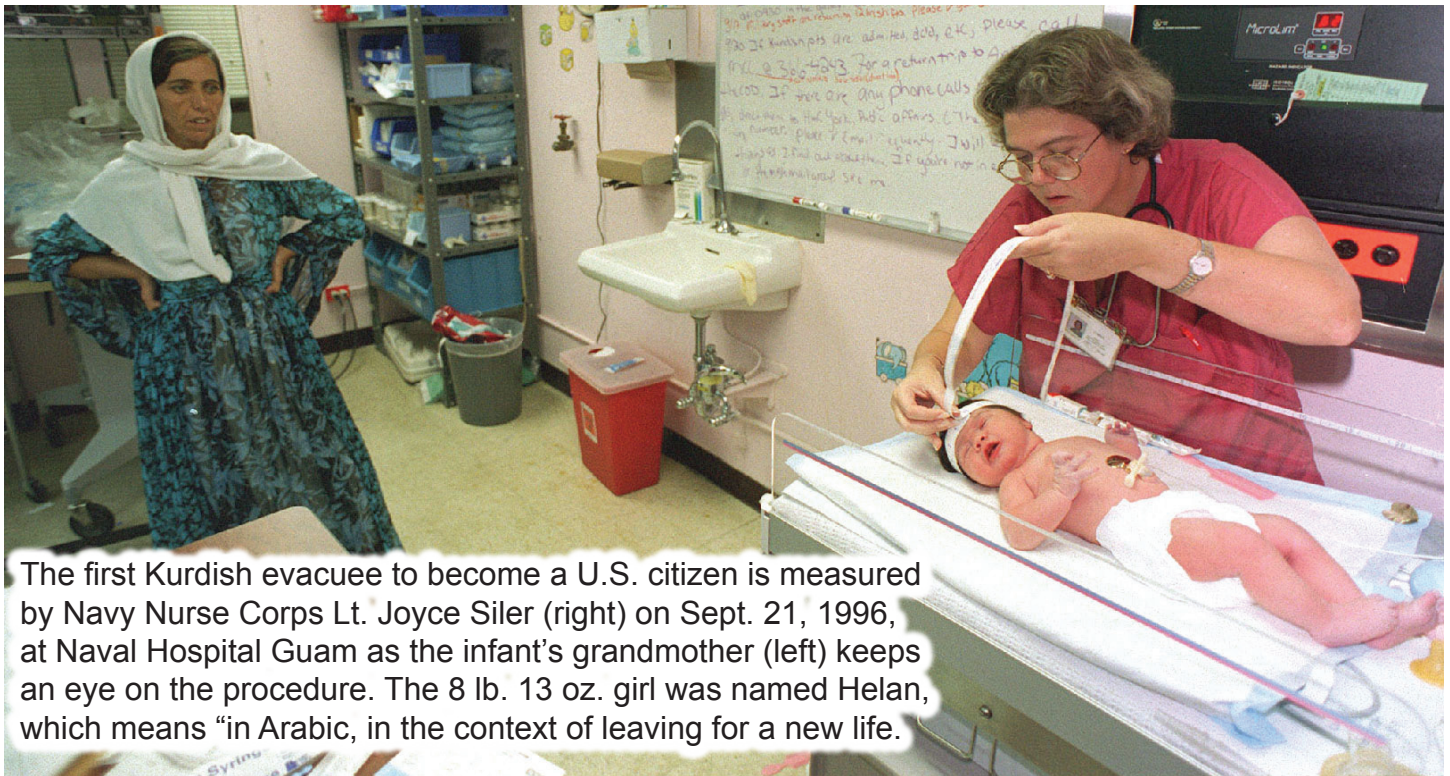
sand people were sheltered, fed, and given cots and blankets. All women in the ninth month of pregnancy were moved into the Hospital prior to the typhoon.

Withstanding Karen allowed the hospital to

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Refugees take shelter inside of one of Andersen's hangars after evacuating from Clark Air Base, Philippines, June 25, 1991. American Airmen and their families fled Clark after Mt. Pinatubo volcano erupted. (Courtesy photo).





The first Kurdish evacuee to become a U.S. citizen is measured by Navy Nurse Corps Lt. Joyce Siler (right) on Sept. 21, 1996, at Naval Hospital Guam as the infant's grandmother (left) keeps an eye on the procedure. The 8 lb. 13 oz. girl was named Helan, which means "in Arabic, in the context of leaving for a new life."

set the precedents for design and engineering of other permanent buildings on Guam, from military to civilian building

The design was originally influenced by Naval Hospital Beaufort of North Carolina because of the heat and humidity in that area. Designer, Arsham Amirikian, a noted and prominent engineer at the Bureau of Docks

and Yards in Washington, D.C., also played a vital role in ensuring the design was built to withstand major structural damage. In fact the facility was built to withstand winds of up to 125 miles per hour.

Whether a strong structure or ready staff, the hospital continued to support both military

Continued on next page

Aerial views of Sasa Valley crash site of Korean Airlines flight 801 on Aug. 6, 1997. U.S. Navy, U.S. Coast Guard, U.S. Air Force, and numerous civilian rescue teams, currently assisting in the search and rescue efforts of KAL flight 801, evacuated survivors from the crash site during the early morning of August 6th. DoD photo by Petty Officer 2nd Class Rex B. Cordell, U.S. Navy.



History continued from page 8

and civilians through medicine through calm and crisis.

In mid-June 1991, USNH Guam once again played a major supportive role during Operation Fiery Vigil which was the evacuation of U.S. military and their dependents from the Philippines after the eruption of Mount Pinatubo on the island of Luzon. Operation Fiery Vigil was the largest peacetime evacuation of active duty military personnel and family members in U.S. history.

Then in 1996-97 USNH Guam provided medical care to Kurdish, Muslim, Iraqi, Iranian, and Turkish evacuees from Iraq under Operation Pacific Haven. The medical staff went through a cross-cultural experience in treating the women and the delivery of several babies. As the tradition of these peoples, the male relatives refused to allow the male medical staff to see or touch their female relatives. It was a challenging time for the medical staff.

One of the most heroic roles that USNH Guam played in the hospital's recent history was its involvement during the crash of a civilian airliner, Korean Airlines Flight 801, on August 6, 1997. Over 200 medical staff responded to the search, rescue and retrieval, and identification of casualties. In the end 225 of the 254 passengers died, Naval Hospital treated 19 passengers, and Guam Memorial Hospital treated 13.

Six months after the crash supertyphoon Paka, with winds of 150 MPH gusting to 180, made its way to Guam. The storm

caused \$2 million worth of damage to the hospital. According to eye witnesses the doors to the Emergency Room were blown in, a window air conditioner was blown across the room barely missing the Director of Clinical Services, and the ER receiving was moved to the ICU.

Although the hospital has faithfully served both the military and community during its time, the current hospital configuration is no longer ideal for the mix of inpatient and outpatient services required by the present and projected patient population. In order to ensure the facility is safe for staff and patients, significant ongoing maintenance is required on the current facility, which costs more than \$2.5 million annually. The hospital also greatly limits the advancement of medical care and equipment. Because of this a recapitalization project was realized and April 21st the doors to the replacement hospital will open. Although Navy medicine will change to a new facility what will not change is their support through medicine.

Military quarters in the Nimitz Hill housing area near Naval Station Marianas, Guam, lie smashed in the aftermath of super typhoon Paka on Dec. 17, 1997. Super typhoon Paka hit the island the night before with average sustained winds of 175 mph. One wind gust recorded at nearby Anderson Air Force Base was the strongest ever recorded on earth at 236 mph. DoD photo by Petty Officer 3rd Class Heather Eghbali, U.S. Navy.



1899

Arrival of Medical Officer Surgeon Philip Leach, and assistant surgeons Mark V. Stone and Alfred G. Grunwell aboard *Yosemite*, who found some of the civilian population sick with tuberculosis, leprosy, gangosa, typhoid and whooping cough but had no modern medicine available.

1910

In August 1910, the land that the Schroeder Hospital was built on was ceded to the U.S. Government and the new building for the Susana Hospital (**pictured below**) was completed. Together these became the Naval Hospital, Guam, and was unique in that it was the only U.S. Naval Hospital in existence with a women's and children's ward.

1911

In 1911, the first 3 Navy Nurse Corps nurses arrived; Elizabeth Leonhardt, chief nurse (one of the Sacred 20), Julia T. Coonan, and Anna Turner and; and a formal nursing school was started. By 1912, there were seven locally trained, and two Navy nurses at the hospital. The Schroeder Hospital took over the care of the Navy and Marine Corps enlisted men and native males over the age of 12, and the Susana Hospital took care of women and children of both sexes under 12.

1900

Between August 7, 1899 and July 31, 1900 the staff treated 1,141 civilian patients but many of the local population relied on herb healers or *Suru-hana/u* at the time.

1901

With a personnel shortage, Medical Officers began teaching local women to be health workers. The first class (1901) was midwifery (delivering 325 babies that year) beginning a long tradition of Naval Hospital staff teaching local people to be health care providers.

1915~1918

By 1915, there were five physicians, four hospital stewards, thirteen hospital corpsmen, and three nurses, all on active duty, as well as twenty-nine local staff providing health care to the island. In 1916, a tuberculosis hospital opened with eight cases. The naval hospital had eight medical officers, one dental officer, and twenty five members of the Hospital Corps. By 1918, there were eight Navy and twelve native nurses at the hospital, and eleven dressing stations in the villages; six of these were run by Hospital Corpsmen, the rest by native school teachers.

1902~1905

Ms Maria Schroeder, the wife of Governor of Guam Capt. Seaton Schroeder, organized a collection to build a hospital for non-active duty. The cornerstone was laid on June, 10 1901 and opened in 1902 for dependents and local civilians able to pay moderate fees (about 50 cents a day), the naval hospital was then to be used for active duty and the indigent. In addition, a leper colony was established at Tumon Bay for 24 patients.

The original naval hospital was destroyed in an earthquake on September 22, 1903. In 1905, Ms. Susan H. Dyer, wife of Commodore G. L. Dyer, USN, then Governor of Guam, started a collection to provide a separate hospital for women and children. The Schroeder Hospital was rented and used for this purpose from 1905 until an earthquake destroyed it in 1909.

Timeline Navy Medicine on Guam

Susana Hospital

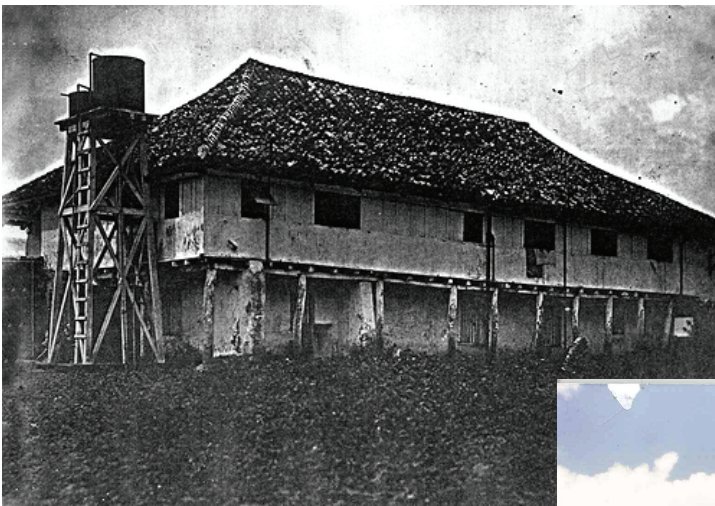


1940

By 1940, nine doctors (one a Chamorro, Dr. Ramon M. Sablan, trained in the US at government expense), 1 dentist, 2 pharmacists, 5 Navy nurses, 46 pharmacist's mates, 7 hospital apprentices, and 14 native nurses were assigned to Naval Hospital, Guam.

1950

The nursing school was reopened at GMH and a school for medical practitioners was started. The schools continued until 1950. The nursing school is now an accredited college of the University of Guam



(top) Maria Schroeder Hospital, Fleet Hospital
(right) 1954 U.S. Naval Hospital Guam (bottom)

1941~1942

On December 8, 1941, at the same time as the attacks on Hawaii and the Philippines, Guam was attacked by the Japanese, and invaded on the 10th. In January 1942, all captured U.S. citizens and military personnel, including five Navy nurses Chief Nurse Lt. j.g. Marian Olds, Lt. j.g. Leona Jackson, ENS Lorraine Christiansen, ENS Virginia Fogarty and ENS Doris Yetter (*pictured*) were taken to Japan as prisoners of war.

1954

In 1953, construction of the current hospital building began on the cliffs overlooking Agana and the Philippine Sea. This facility opened on November 2, 1954.

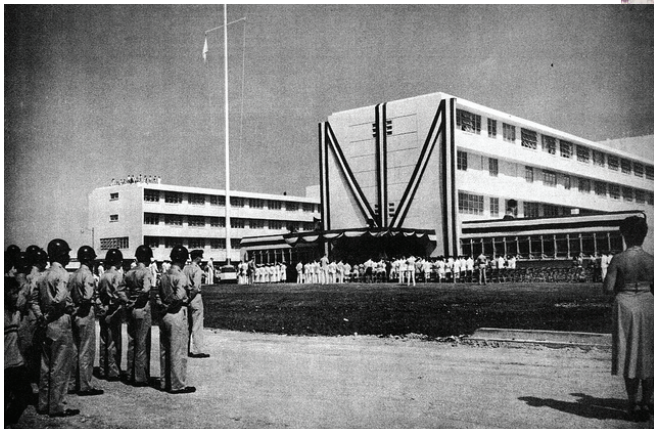
1944

In July, 1944, the original Naval Hospital in Agana was destroyed in the retaking of the island. Fleet hospitals, in tents and wooden buildings, took care of the 100,000 military who were on island preparing for the invasion of Japan.

The care of the civilian population was taken over by Fleet Hospital 103, located in Oka Tamuning (near the site of the current public hospital).

OTHER NOTABLE DATES:

- 1965-received wounded from Vietnam
- 1972-the hospital became the temporary home of a Japanese Imperial Army sergeant,
- Shoichi Yokoi (hid on Guam 27 yrs)
- 1975-patient surge, Operation New Life
- 1991-Operation Fiery Vigil
- 1993-8.0 earthquake
- 1996-97-Operation Pacific Haven
- 1997-crash of civilian airliner (KAL801)
- 1998-Super typhoon Paka
- 2002-Typhoon Pongsona
- 2006- USS Frank Cable Boiler Explosion (6 seen in ED, MedEvac)
- 2010-New hospital construction
- 2011-Elementary School Food Poisoning



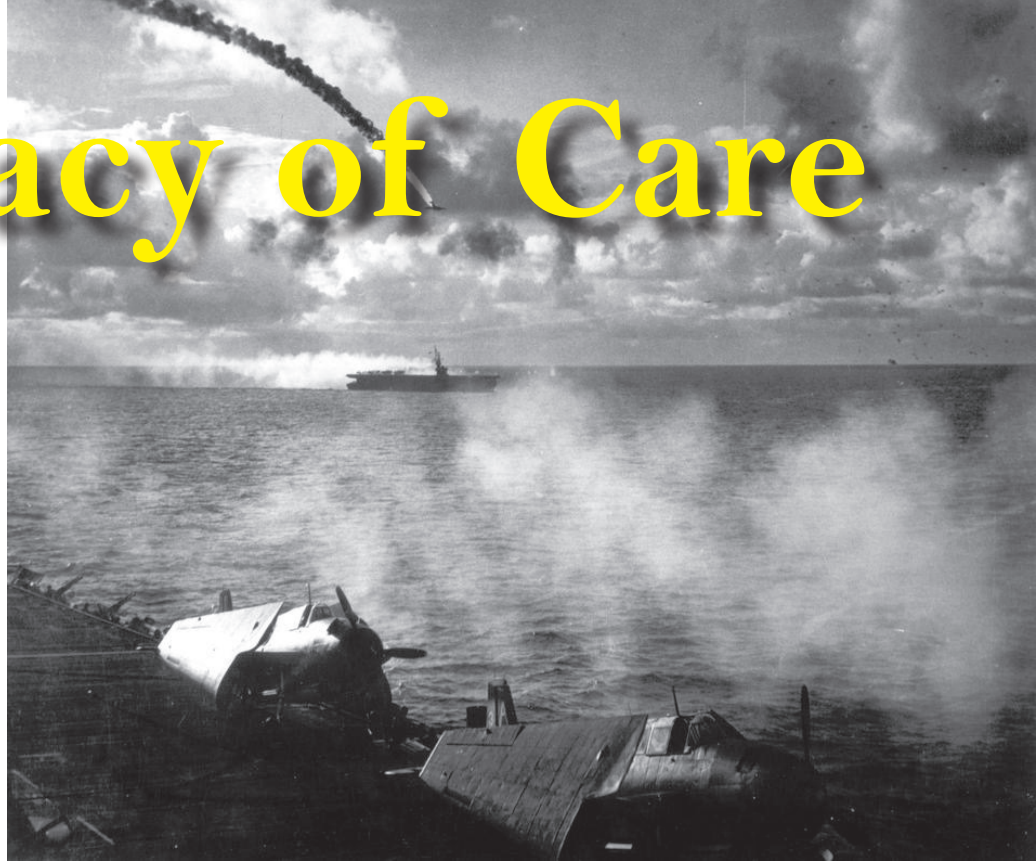
A Legacy of Care

One of the features within the \$158 million replacement hospital, adjacent to the old building, is that every window provides patients a view, overlooking the Philippine Sea. The designer chose this orientation because they feel the view will support peace, hope and healing during their stay.

Ironically, only 69 years ago, this same view was quite the opposite. In fact, on July 21, 1944 at 5:30 a.m. the view was an array of exploding canons, battleship shells screaming overhead, a lightning storm of giant gun fire--hours of non-stop bombardment (above right). Several days' prior to the 21st, American forces had been continuously blasting airfields, but this day was different, this day was Liberation Day.

This was the beginning of the end. For Guam it would soon mean the end the of the three year Japanese occupation. With all that took place on land and at sea, just about a mile

Marines land on Asan Beach, Guam / July 21, 1944



north from where the new hospital sits, one of the three U.S. Marine battalions landed on, and came up, Asan beach.

By mid-August U.S. forces had recaptured the island but freedoms price was high. More than 1,900 U.S. Forces paid with their lives, along with the more than 700 Chamorros who were executed or perished during the occupation. The Japanese also paid a great price losing up to 17,000 lives.

Within the islands history, Navy Medicine has been present since 1899. In fact, during the occupation Naval Hospital Guam was seized and all occupants were taken prisoner. Many of those prisoners were sent to prison camps. Yet, despite the efforts of the Japanese to erase the influence of the U.S. within Guam, U.S. Forces and Chamorros alike remained hopeful and resisted the enemy's plot.

It may be said that Navy Medicine has proven itself to be a symbol of hope to the island. Although Guam is a strategic base for the U.S. Navy, the presence of Navy Medicine is a reminder of its other mission, to provide health and healing. In fact, the current hospital that opened in





View from a patient window within the replacement hospital.

limestone and volcanic formations, are long abandoned defensive fortifications, such as foxhills and trenches, deteriorating metals that resemble war machines of the past, places that remind all those who see, of a great battle that once took place.

The new hospital's design is such that it provides open space and allows natural light to infiltrate throughout. The buildings structure is made to withstand the elements and weather the storms. It is designed to incorporate advances in healthcare delivery, which includes improved patient life safety and increased efficiencies in hospital operations.

In Guam, one of the most treasured symbols is the latte stone (bottom right) which is composed of two parts, the post and capstone (shaped like a cup). "Latte" means scab, such is formed over a wound, the Chamorro word, "Lattu" means to heal, perhaps healing wounds of the heart. Ancient Chamorros used to bury their dead between the latte sets and mourn for a time, allowing time to for healing.

Strength and resiliency, endured on the island through much adversity such as war and the elements. The same can be said for Navy Medicine and the facility that housed its caregivers. Now, as its doors are shut, the doors to the replacement hospital open. The building isn't so much the prescriptions or diagnosis given, but the people who have shared in the ups and downs. The people who have given their all to heal the wounds of the sick and injured. It is the people who carry its legacy on their shoulders into a future where the only thing that is sure is their ability to provide "support through medicine."

1954 has seen in excess of 1 million out-patients; admitted and cared for more than 100,000 inpatients; and delivered more than 25,000 babies.

Across the island, the remnants of war remain. Mixed within its beautiful geographical compositions, of



Final Moments





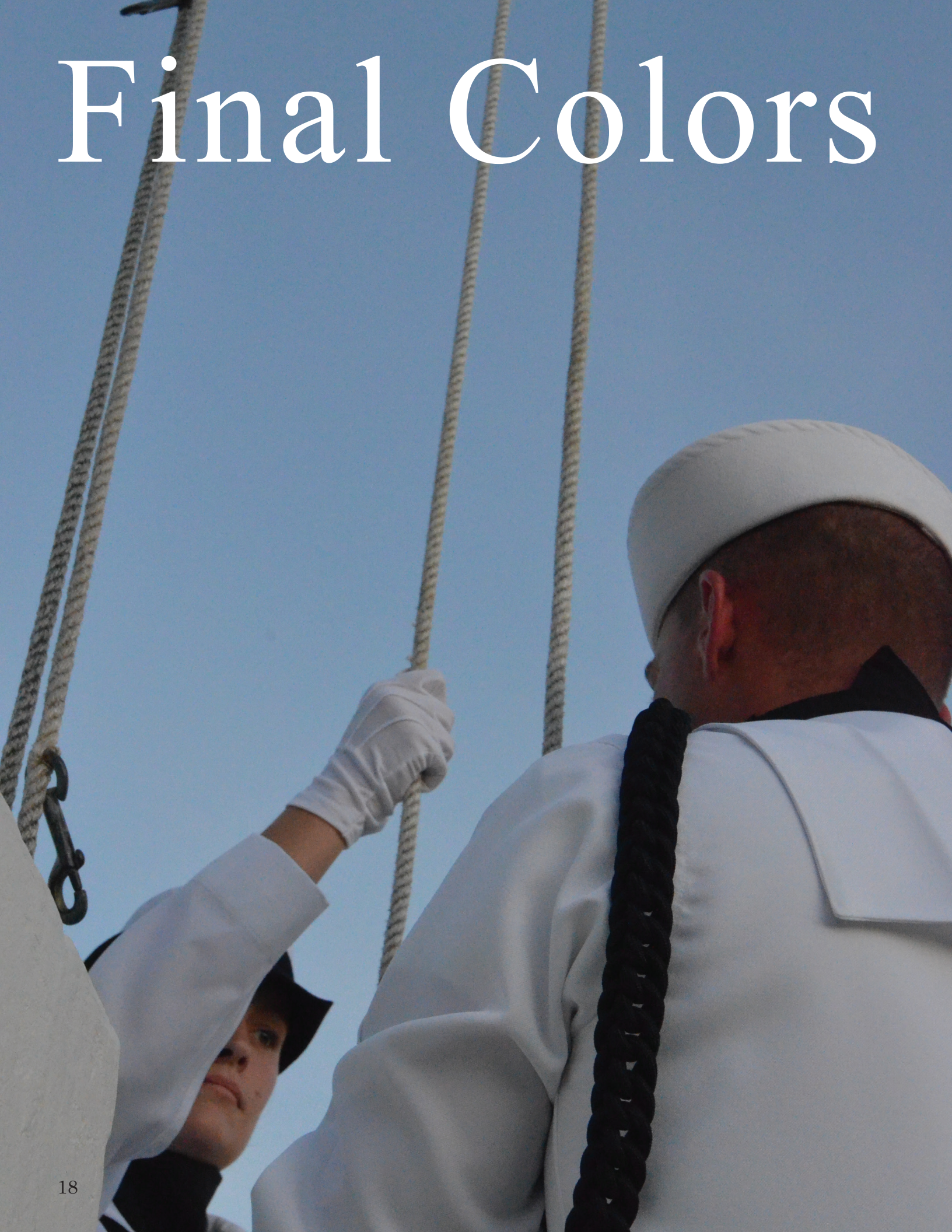
Final Command Inspection





Final Active Duty and Civilian Command Photo





Final Colors



Ground Breaking Ceremony” for Hospital Replacement, U.S. Naval Hospital Guam



Foundation laid and the initial metal works of rebar for the raising of the hospital.

Progress Photos



Finishing phases
of the third floor
administrative
spaces.





“Although the transition to the new hospital was a significant undertaking, it did not take away from our daily focus toward continuous readiness. In fact, the new facility enhances our ability to operate forward in support of the warfighter, and to be ready for any contingency,” said Capt. Jeff Plummer, commanding officer, U.S. Naval Hospital Guam



Capt. Plummer participated in several design meetings (top left), art reviews (middle) and community outreach events such as appearing on VET Talk K57 (bottom left).

Patient Transfer Drills



The purpose of the drill was to ensure both staff and equipment were prepared for the move. The goal is to ensure the safety and well being of the hospital's patients.



“Moving our patients is the riskiest part of the transition; we’re taking them out of our comfort zone (the inpatient ward) and going outside our walls for a brief period,” aid Cmdr. Patrick Fitzpatrick the hospital’s transition coordinator, “Our practice, practice, practice of this event will help ensure we have thought about every contingency. Our goal is to make this a safe, uneventful move for our patients.”

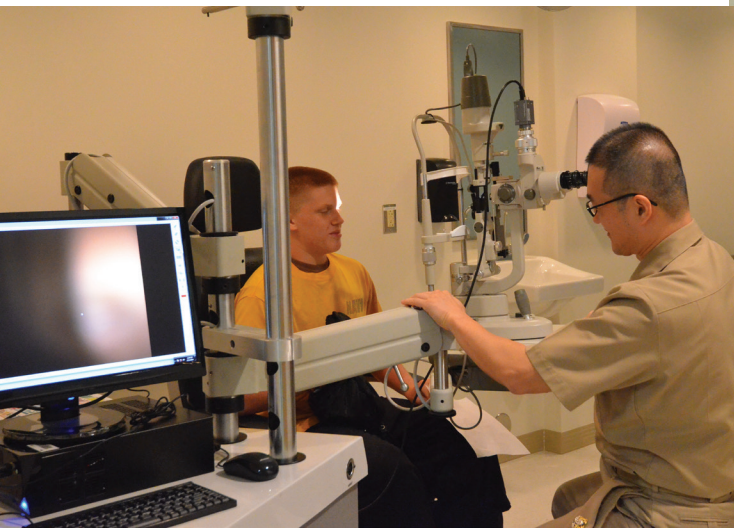
Day/Night in the Life Drill



During the drill, staff oriented themselves to their spaces both operationally and functionally. To help facilitate the drill, the American Red Cross had approximately 100 volunteers who acted as mock patients.

“Taking that structure and turning it into a living, breathing hospital is a monumental undertaking. Our entire staff has spent hundreds of hours at the table over the last 2 years,” said Cmdr. Patrick Fitzpatrick the hospital’s transition coordinator.





A New Beginning

written by HM2 William Jacobs, Emergency Department

We now start a new beginning
And in just a few days we're already winning,
With an impossible time frame we did it all
There was no task too large or too small,
We did more with less in a day
And still came out on top, running by May,
We have a determined drive
Which you see as soon as we arrive,
Long days and even longer nights
With the hardest uphill struggles and fights,
A goal in mind and a clear vision
Always trying our best to make the right decision,
The finish line is in sight
And at the end of the tunnel we see the light,
We still have a lot to do
But we will get it done just me and you,
It's hard to imagine why we're grinning
But it's all a part of our new beginning,

